Effective October 1, 2003 10, 718, 959													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER T				
TOTAL CLAIMS			20					ME	FEE	7	RATE	FEE	
F	OR .		NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 385.00		OR	BÁSIC FEE	770.00	
TO	TAL CHARGE	VBLE CLAIMS	20 minus 20=		•		,	XS 9=		OR	XS18=		
ixi	DEPENDENT C	LAIMS	minus 3 =		•			(43=	 	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						-		 	1	000			
* If the difference in column 1 is less than ze enter "0" in column 2								+145=		OR	+290=	170	
								DTAL	L	OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	, R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. <i>40</i>	Minus	. 2	0	-/	X	S 9=·		OR	XS18=	•	
AME	Independent	• 2	Minus	(3	3/	<u>/-</u>	X	43= .	·	OA	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45°		OR	+290=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								IT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGH	EST.	T	1 [ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT	P	ATE	TIONAL		RATE	TIONAL FEE	
	Total	. 20	Minus	 0	20	:	×	\$ 9 =		OR	X\$18= .		
	Independent	· 2	Minus	***	3	9] ×	43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	J5=		OR.	+290=	•	
								TOTAL	 	OR	TOTAL		
								E E E	<u></u>	Un	ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										· · · ·		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus .	ä		8	×	\$ 9=		OR	X\$18=		
	Independent	•	Minus	~				(3=		OB	X86=-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE OR **ADDIT. FEE													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													

Application or Docket Number